

CONDITIONAL RELEASE SERVICE UNIT – DMHAS/DIVISION OF FORENSIC SERVICES

Psychiatric Security Review Board (PSRB) Acquittee Program Fundamental Training 2007 TRAINING ENROLLMENT REGISTRATION FORM

PLEASE PRINT CLEARLY OR TYPE – APPLICATIONS MUST BE LEGIBLE TO BE PROCESSED

Training is held on Thursdays in Page Hall, Room 212-213, CT Valley Hospital.
Please arrive promptly at 8:30AM. Training ends at 12:30PM.

PLEASE CIRCLE ONE DATE:

February 22, 2007

April 12, 2007

June 21, 2007

August 16, 2007

October 18, 2007

December 20, 2007

Check One: ☐ DMHAS State Employee ☐ State Employee (Non DMHAS) ☐ DMHAS Funded Agency Employee
☐ Other (please explain) _____

Your Name: _____
Last Name First Middle

Job Title: _____ Employee#: _____
[Required]

Agency Name/Address: _____

Work Tel: () _____ Work Fax: () _____ E-Mail: _____

Check One:

- ☐ I am currently providing treatment or supervision to a PSRB acquittee in the community.
☐ I anticipate providing treatment or supervision to a PSRB acquittee in the community within the next year.
☐ This training is not mandatory for me but I am interested in learning about the PSRB.

Please Circle:

Certification/Licensure

Highest Degree

APRN	CADC	LMFT	LADC	OTHER	AA	AS	BA	BS	BSN	BSW	MA	MS	OTHER
LPN	RN	LCSW	LPC		MSN	MBA	MFT	MSW	MD	PSYD	PHD		

Please indicate any special accommodations needed for disabilities governed by the Americans with Disabilities ACT (ADA):

SUPERVISOR'S APPROVAL

I approve this employee's request to register for this training event and authorize the employee to attend:

(Printed) (Signature) (Date)

Fax registration forms to 860-262-5841 at least 7 days prior to your training date.
Mailing address: C.R.S.U. Russell Hall, PO Box 351, Middletown, CT 06457 Tel: 860-262-5879
Confirmation **will not** be sent. CEU'S provided.